



PATENT
Docket No.: 201487/1060

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	:	Takahashi et al.)	Examiner:
Serial No.	:	09/762,867 based on PCT/JP99/03551)	Maria B. Marvich
Cnfrm. No.	:	9744)	Art Unit:
Filed	:	July 1, 1999)	1636
For	:	METHOD FOR ISOLATING SATELLITE SEQUENCES)	
)	

SUBMISSION OF FORMAL DRAWINGS

Mail Stop:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing in the subject application is one (1) sheet of formal drawings.

Respectfully submitted,

Dated: March 5, 2004

Georgia Evans
Registration No. 44,597

Nixon Peabody LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603-1051
Telephone: (585) 263-1672
Facsimile: (585) 263-1600

Certificate of Mailing - 37 CFR 1.8(a)

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March 8, 2004 Ruth R. Marvich
Date Peggy Diemer Ruth R. Smith



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

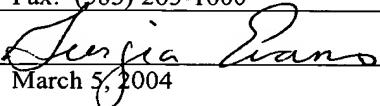
Application Number	09/762,867 based on PCT/JP99/03551
Filing Date	July 1, 1999
First Named Inventor	Takahashi et al.
Group Art Unit	1636
Examiner Name	Maria B. Marvich
Attorney Docket Number	201487/1060

Total Number of Pages in This Submission	45
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input checked="" type="checkbox"/> Request for Corrected Filing Receipt with Attachments <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Marked-up version of Substitute Specification (16 pages); Clean version of Substitute Specification (15 pages); Submission of Corrected Formal Drawings and 1 sheet of Formal Drawings attached.
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual name	Georgia Evans, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1672 Fax: (585) 263-1600	
Signature		
Date	March 5, 2004	
Registration No. 44,597		

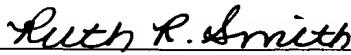
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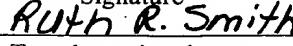
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3/8/04

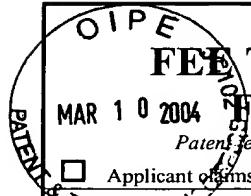
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FEE TRANSMITTAL FOR FY 2004

MAR 10 2004

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$950.00)

Attorney Docket No. 201487/1060

Complete if Known

Application Number	09/762,867 based on PCT/JP99/03551
Filing Date	July 1, 1999
First Named Inventor	Takahashi
Examiner Name	Maria B. Marvich
Art Unit	1636

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
1	1	** =	0 X 0	0
Independent Claims	1	** =	0 X 0	= 0
Multiple Dependent		X 0	= 0	

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$950.00)

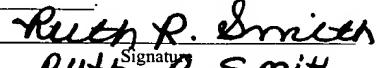
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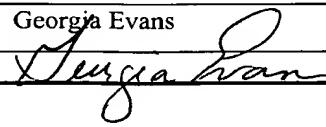
March 8, 2004

Date


 Ruth R. Smith
 Typed or printed name

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Georgia Evans	Registration No. (Attorney/Agent)	44,597	Telephone	(585) 263-1672
Signature				Date	March 5, 2004

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